

**HAWAII STATE ETHICS COMMISSION** 

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RESERVED

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STATE OF BANASSION

## LOBBYIST REGISTRATION FORM

C= 1/6/03

(Type or Print Clearly)

	(Type of t	Till Oleany)	
PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hong	GLENN	K.Y.	543-9322
MAILING ADDRESS (Street)	P.O. Box 3288		FAX
	HONOLULU HI	96801	543-9458
(City)	(State)	(Zip	Code)
EMPLOYING ORGANIZATION (F	ill in only if you are employed by a business o	entity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

NAME OF ORGANIZATION YOU L	TELEPHONE	
Young Brothers, Li	543-9311	
MAILING ADDRESS (Street)	P.O. Box 3288	FAX
	Honolulu HI 96801	543-9458
(City)	(State)	(Zip Code)
IAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITURES STATEME	TELEPHONE 543-9409
	)	
LISA M.K. SAKAMOTO		543-9409

PART III DESCRIPTION O	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY		
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
X Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	X   Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART IV CERTIFICATION	OF LOBBYIST			
		, to the best of my knowledge,	correct and complete	
02		12/21	Land	
- Second	(Signature of Lobbyist)	731/	Data	
	(Signature of Cobbyley)		Date)	
PART V AUTHORIZATION	N TO LOBBY			
NAME HENRY Y. IDEAHARA		TITLE OF AUTHORIZING OFFICER VICE PRESIDENT AND		
NAME OF ORGANIZATION (if appl	icable)	TTEI	LEPHONE	
YOUNG BROTHERS LIMITED			43-9432	
TOONG BROWNERSS ET	HITED	ا	10 0402	
MAILING ADDRESS (Street) P.O. Box 3288		FAX	FAX	
	HONOLULU HI 96	54	<del>1</del> 3-9458	
(City)	(State) (Zip C		)	
I hereby authorize the al	oove - named person to engag	ge in lobbying activities on beha	alf of the undersigned.	
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1 Vanne	1. Marine			
(Signature of Aut	norizing Officer or Person Represent	ted) (I	Date)	